

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/29/2007

FILING DATE

APPLICANT(S)

2-27-04 3-76-04

**CLAIMS**

	"AS CLAIMED"		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		/		/		
4		/		/		
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6		/		/		
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TOTAL IND.	4	0	4	0		0
TOTAL DEP.	6	0	6	0		0
TOTAL CLAIMS	10		10			

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS